

## CONSENT FOR BODY PIERCING/TATTOO

Name of Establishment \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### Patron Information (Copy of government-issued identification must be attached to this form)

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Sex:  Male  Female

I have read and understand the following:

1. I am at least 18 years old.
2. I am not under the influence of alcohol or drugs.
3. I have received a printed statement of aftercare instructions
4. I have been informed by the registrant and acknowledge the risks involved in getting a tattoo or body piercing
5. The Mississippi State Department of Health recommends that any tattooing or piercing involving the mucous membranes, such as the tongue or genitalia, be performed by a licensed physician or oral surgeon as appropriate.

### WARNINGS:

Persons who may be immunocompromised (included but not limited to those with End Stage Renal Disease, diabetes or HIV infection) should consult their personal physician prior to being tattooed or pierced.

Persons with a pre-existing cardiac condition, especially when piercing occurs on areas of the body involving the mucous membranes, may result in bacteria in the blood stream which can further damage the heart, and that such persons should seek permission from their personal physician prior to receiving a piercing or tattoo.

Signature of Patron \_\_\_\_\_ Date \_\_\_\_\_

### Body Piercer/Tattoo Artist Information

Name of Artist \_\_\_\_\_ Registration # \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Registration # \_\_\_\_\_  
(if Artist holds a Provisional Registration)

Signature of Artist \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_  
(if Artist holds a Provisional Registration)

### Body Piercing Information

Description of Piercing \_\_\_\_\_  
Location of Piercing \_\_\_\_\_ Price \_\_\_\_\_

### Tattoo Information

Description of Tattoo \_\_\_\_\_  
Location of Tattoo \_\_\_\_\_ Price \_\_\_\_\_